Name in Full: William J Birch

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pisgah — County: Charles

Date of death 1904: Month: 4 — Day: 23 — Age: Years: 59 — Months: — Days: 10

Sex: Male — Color or Race: White — Birthplace: Washington DC

Married, Single or Widowed: M. — Occupation: Farmer

Name of Wife or ~~Husband~~: Mrs Sarah H Birch

Father's Name: Henry Birch — Father's Birthplace: Va.

Mother's Maiden Name: Ann Sebastian — Mother's Birthplace: Georgetown DC

Name of person giving information: Geo. W Birch — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Appoplexy. — How long

Immediate: Heart Failure — How long: Half Hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jesse L. Stevens

Address: Mason Spring Md

Accident or Suicide?

LIBRARY BUREAU A69316

Name in Full: Mary Lizzie Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pisgah — County: Charles

Date of death: 1904 — Month: 4 — Day: 23 — Age: Years: 19 — Months — Days

Sex: Female — Color or Race: C — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Pisgah

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Joseph Brown — Father's Birthplace: Md

Mother's Maiden Name: Mariah Maddox Laney — Mother's Birthplace: Md

Name of person giving Imformation: Albert Easton — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Puripual Septicamia — How long: 2 weeks

Immediate: Heart Complications Pneumonia — How long: 5 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jane L. Hamon M.D.

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rose Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mrs Waldorf — (County): Charles

Date of death: Month: April — Day: 12 — Years: 40 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Charles Co. Md

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: married — ~~Name of Wife or~~ Husband: Henry Brown

Father's Name: — Murray — Father's Birthplace: — Md

Mother's Maiden Name: — — — Mother's Birthplace: —

Name of person giving Imformation: Henry Brown — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pelvic abscess — How long: 3 months

Immediate: Valvular disease of Heart — How long: Short while

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: G. O'Donovan MD

Address: Waldorf Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88318

Name in Full: Andrew Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Bryantown; County: Charles

Date of death: 1904; Month: April; Day: 15th; Years: 65; Months: —; Days: —

Sex: Male; Color or Race: Black; Birthplace: Chas. Co

Occupation: Laborer; Where Residing if not at place of death: with B. M. Edelen near Bryantown

Married, Single or Widowed: Single; Name of Wife or Husband: none

Father's Name: Elen Butler; Father's Birthplace: Chas. Co.

Mother's Maiden Name: don't know; Mother's Birthplace: Chas Co

Name of person giving Imformation: B. M. Edelen; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption; How long: —

Immediate: Exhaustion; How long: a few days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: No Physician

Address: B. M Edelen

Bryantown Md

Accident or Suicide? Natural

LIBRARY BUREAU A88010

Name in Full: Margaret Butler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: _____ County: Charles

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Years	Months	Days
	April	6	Age 54		

Sex: Female — Color or Race: Colored — Birthplace: Charles County

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Edward Butler

Father's Name: Stannie Adams — Father's Birthplace:

Mother's Maiden Name: Caroline Blawso — Mother's Birthplace:

Name of person giving In formation: Edward Butler — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 3 mos.

Immediate: Exhaustion — How long: -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Montrose Brown

Address: Aquasco Md.

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Viola Shaw

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Emory Hall — County: Charles

Date of death 1904 — Month: April — Day: 29 — Age — Years: 5 — Months: 7 — Days:

Sex — Color or Race: Colored — Birthplace: Kansas

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Lloyd Shaw — Father's Birthplace

Mother's Maiden Name: Mary Lester — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A Tennant

Address: Bowling Charles Co

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Mary Josephine Dorsey

Died at Town Newland County Calvert MARYLAND

Date 1904	Month Apr	Day 1st	Age Y. 28	M. —	D. —	Native of Calvert Md	Occupation Housewife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow X Widower ~~Divorced~~ Number of children living 5

~~Husband~~ Wife of Henry N. Dorsey

Father's Name Joseph Wallace Mother's Maiden Name Rose Wallace

Cause of Death			How long sick
	Primary	Pneumonia	8 days
	Immediate	Cardiac Complications	Accident, Suicide, Homicide

Reported by C. L. Cecil M. D.

Address Newfoundland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 708C2

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Emanuel Simms Gardner

Died at: Town: Faulkner — County: Charles

Date of death 1904: Month: Apr. — Day: 9 — **Age:** Years: 50 — Months: 9 — Days: 7

Sex: Male — **Color or Race:** White — **Birthplace:** Charles Co Md.

Married, Single or Widowed: Single — **Occupation:** Farmer

Name of Wife or Husband:

Father's Name: George Henry Gardner — **Father's Birthplace:** Bryantown Md.

Mother's Maiden Name: Sophia Simms — **Mother's Birthplace:** Bryantown Md.

Name of person giving information: John M. Brawner — **How related to deceased:** Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Card. Hypert. & Dil. Chr. Jaun. & Chron Bright — **How long:** 5 mos.

Immediate: Cardiac Thrombosis. — **How long:** 1 minute.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. Brewer M.D.

Address: Bel Alton Chas. Co Maryland.

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Mary Virgie Gross

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Byantown — County: Wicomico

Date of death 1902 — Month: April — Day: 6th

Age — Years: 14 — Months: 11 — Days:

Sex: Female — Color or Race: Black

Birthplace: Md.

Occupation: Servant girl

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: George D. Gross

Father's Birthplace: Md.

Mother's Maiden Name: Josephine Brent

Mother's Birthplace: Md.

Name of person giving Imformation: Geo. D. Gross

How related to deceased: Father

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: 1 year

Immediate: Pulmonary Oedema — How long: 6 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. C. Carried M.D.

Address: Byantown, Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Martha C. Hunt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poupet — County: Charles

Date of death 1904: Month: Apr. — Day: 24 — Age: Years: 78 — Months: 5 — Days: 16

Sex: Female — Color or Race: White — Birthplace: - Md -

Married, Single or Widowed: Widowed — Occupation: Housewife

Name of Wife or Husband: Robt. Hunt

Father's Name: Wm. Luckett — Father's Birthplace: - Md -

Mother's Maiden Name: Martha Roby — Mother's Birthplace: - Md -

Name of person giving Information: T. J. Roby — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 7 days.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Mitchell M. D.

Address: Pomonkey Md.

Accident or Suicide? No

LIBRARY BUREAU 698516

Name in Full: Raydolf Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pomonkey — County: Chas

Date of death 1904 — Month: apt — Day: 4 — Age — Years: — Months: — Days: 6

Sex: Male — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Nelson Jackson — Father's Birthplace: Md

Mother's Maiden Name: Adaline Tyler — Mother's Birthplace: Md

Name of person giving Information: Nelson Jackson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: 5 days

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Not attend

Address: Nelson Jackson

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Eugene Welly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bel Alton — County: Charles

Date of death 1904: Month: Apr. — Day: 27

Age: Years: 21 — Months: 8 — Days: 14

Sex: Male — Color or Race: African

Birthplace: Charles Co.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Francis Welly — Father's Birthplace: Charles Co

Mother's Maiden Name: Mary Jane Hankins — Mother's Birthplace: Charles Co

Name of person giving Information: Francis Welly — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever (send death Certificate) — How long: 5 Weeks

Immediate: Asthenia — How long: 3 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E J Spencer

Address: Bel Alton Charles Co Md.

Accident or Suicide?

LIBRARY BUREAU APR 21

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Geneva Moran

Died at (Town): Bel Alton — (County): Charles

Date of death 1907: Month: April — Day: 20 — Age: Years: 14 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Charles Co

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: T. Fielder Moran — Father's Birthplace: Charles Co.

Mother's Maiden Name: Anna L. Berry — Mother's Birthplace: Charles Co.

Name of person giving In formation: T Fielder Moran — How related to deceased: Father

CAUSES OF DEATH

Primary: Tuberculosis Following Typhoid F. — How long: 3 months 2 weeks

Immediate: Asthenia (Intestinal & Peritoneal S.) — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Spencer

Address: Bel Alton Charles Co. Maryland

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: William M. Moran

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dubroises — County: Charles

Date of death 1904 — Month: 4 — Day: 14 — Age: Years 48 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Charles co

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband

Father's Name: Sylvester Moran — Father's Birthplace: Chas co md

Mother's Maiden Name: Waters — Mother's Birthplace: Charles co

Name of person giving Information: William Moran — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Scrofula — How long: 2 Years

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. W. Petherbridge

Address: Charlotte Hall St Mary co Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mamie Queen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mur Town — County: Charles

Date of death 1904: Month: Apr — Day: 18 — Age: Years: 12 — Months: — Days:

Sex: Female — Color or Race: Mixed — Birthplace: Charles Co.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Tom Queen (Mulatto) — Father's Birthplace: Charles Co

Mother's Maiden Name: Hamilton (White) — Mother's Birthplace: Charles Co

Name of person giving In formation: Justice Pease P Dr. Roby — How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entire body burned — How long: —

Immediate: Shock & Inhalation Heat — How long: 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Fenwick

Address: Bel Alton

Charles Co Md

Accident or Suicide?

LIBRARY BUREAU 693516

Name in Full: William Ignatius Robertson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bryantown — County: Charles

Date of death: Month: April — Day: 25th — 1904

Age — Years: One — Months: — — Days: 5

Sex: Male — Color or Race: Black — Birthplace: Bryantown Md

Occupation: Infant — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Henry Robertson — Father's Birthplace: Va

Mother's Maiden Name: Mary Helen Butler — Mother's Birthplace: Md

Name of person giving Imformation: Mary Helen Butler — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: One Year

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. G. Barrick

Address: Bryantown, Md.

Accident or Suicide?

LIBRARY BUREAU A6551G

Name in Full: Coates Slater

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pomonkey — County: Charles

Date of death 1904: Month: Apl. — Day: 3 — Age: Years: 92- — Months: 1 — Days: 16

Sex: Male — Color or Race: Colored — Birthplace: - Md -

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband: Maria Butler

Father's Neme: Frederick Slater — Father's Birthplace: - Md -

Mother's Maiden Name: Ellen Young — Mother's Birthplace: - Md -

Name of person giving In formation: Frederick Slater — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Organic Heart Disease — How long: 3 months

Immediete: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Mitchell M. D.

Address: Pomonkey

Accident or Suicide? No

LIBRARY BUREAU A6501S

Name in Full: Amos Small

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nanjemoy; County: Charles

Date of death: Month: April; Day: 1st; Year: 1904; Age: Years: ; Months: 4; Days:

Sex: Male; Color or Race: Black; Birthplace: Charles Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Fredrick Small; Father's Birthplace: Charles Co

Mother's Maiden Name: Jennie Blan; Mother's Birthplace: Charles Co

Name of person giving Imformation: Fredrick Small; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bad cold or Croup; How long: 1 Month

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: No Dr in attendance

Address: Maxmillian Clements Sub Regt

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Hount Shurls

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waldorf; County: Charles

Date of death: 1904 Month: April Day: 4

Age: Years: 17 Months: — Days: —

Sex: Female

Color or Race: Colord

Birthplace: Charles County

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

~~Name of Wife or Husband~~

Father's Name: Henry Shurls

Father's Birthplace: Md

Mother's Maiden Name: Susan Browne

Mother's Birthplace: Md

Name of person giving Imformation: Francis Shurls

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption

How long: 12 Months

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. O. Munson

Address: Waldorf Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Maggie Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Riverside — County: Charles

Date of death: Month: April — Day: 18 — 1904

Age: Years: — Months: 2 — Days:

Sex: Female — Color or Race: Black — Birthplace: Charles Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Planter Turner — Father's Birthplace: Charles Co

Mother's Maiden Name: Mary Richardson — Mother's Birthplace: Charles Co

Name of person giving Imformation: Planter Turner — How related to deceased: Farther

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bad cold — How long: 2 days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Sub Regester

Accident or Suicide?

Signature of Physician: Maximillian Clement

Address: Ironsides P O
Charles Co Md

LIBRARY BUREAU AP 5616

Name in Full

Susan Young

Certificate of Death

Town | County

Died at Near McConchie | Charles | MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1904 Apr 15 | Age 100 supposed | Md | Farm Laborer

Male ~~White~~ | ~~Married~~ | Widow | ~~Divorced~~

Female | Colored | ~~Single~~ | ~~Widower~~ | Number of children living ~~Husband of~~

Wife

Father's Name

Mother's Name

Cause of Death — Primary: From old age

How long sick

Immediate: Heart-failure

Accident, Suicide, Homicide

Reported by John T Dyer MD

Address Port-Tobacco Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968